



# Bank Instructions Form

*This form should be used to add bank instructions to public agency accounts.  
If you have additional bank instructions please attach separately.*

Mail to: The Illinois Funds  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Illinois Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

## 1 Current Account Registration

<input type="text"/>	
PUBLIC AGENCY	
<input type="text"/>	
PRIMARY ACCOUNT AUTHORITY	
<input type="text"/>	<input type="text"/>
PRIMARY PHONE NUMBER	PRIMARY E-MAIL ADDRESS

## 2 Bank Information

To make purchases via ACH or to redeem your account via ACH or wire, please provide full bank account information as shown below. Any change in these instructions must be made in writing to Illinois Funds and signature guaranteed.

**For E-Pay participants only, please include Illinois National Bank information on this form.**

<input type="text"/>	<input type="text"/>
SUBTITLE OF ACCOUNT	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
BANK NAME	BANK ABA NUMBER
<input type="text"/>	<input type="text"/>
NAME(S) ON YOUR BANK ACCOUNT	BANK ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
BANK NAME	BANK ABA NUMBER
<input type="text"/>	<input type="text"/>
NAME(S) ON YOUR BANK ACCOUNT	BANK ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
BANK NAME	BANK ABA NUMBER
<input type="text"/>	<input type="text"/>
NAME(S) ON YOUR BANK ACCOUNT	BANK ACCOUNT NUMBER

## 2 Bank Information *continued*

SUBTITLE OF ACCOUNT

ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

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BANK ACCOUNT NUMBER

BANK NAME

BANK ABA NUMBER

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

## 3 Signature

SIGNATURE OF PRIMARY ACCOUNT AUTHORITY

DATE (MM/DD/YYYY)